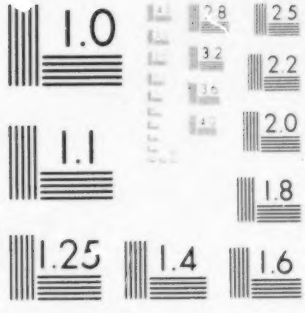
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ABSTRACT

Perceptions of selected physicians at Fort Sanders Presbyterian Hospital, Knoxville, Tennesee, were assessed regarding the status of education in the medical care setting. The questionnaire administered to 17 physicians gathered information related to their perceptions considering (1) the need for hospital-based patient teaching programs, (2) physicians' approval for educational activities, (3) printed instructional booklets for education, (4) responsibility for patient teaching, (5) kinds and types of educational programs, (6) patient referral for education, and (7) feasibility of an educational laboratory. Following the brief narrative section, all data gathered from the respondents are presented. For each of the eight questions this information is provided: number responding, answers, and number and percent which chose each answer. A table reports the kinds and types of patient education programs physicians would like to see developed and implemented. (YLB)

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Physicians have been concerned with the treatment of various diseases or disorders of patients for many years. With spiralling health and medical care costs, increased attention has been focused on the need for physicians to consider formal patient prevention educational programs with goals of assisting "individuals acquire new (or modify existing) knowledge, attitudes and behavior that will promote their ability to care for themselves more adequately; maintain a positive state of health; and prevent possible reoccurences when feasible."[1] In the medical care setting, planned educational programs have resulted in improved patient care,[2] realistic cost containment,[3] better patient compliance,[4] earlier patient discharge,[5] reduced patient medication,[6] decreased patient usuage of the emergency room,[7] and reduced patient readmissions to the medical care facility.[8]

The organization and establishment of a hospital-based educational program designed to meet the patient prevention educational needs and interests in the pre-admission, inpatient, discharge, and outpatient status can involve a considerable period of time. Lee of the American Hospital Association indicated, "if a hospital is serious about developing an organized, coordinated program, it should recognize that time must be set aside for assessment and initial planning during the first year. The time needed seems to be approximately 6-8 months."[9] Considered in the assessment process, should be ideas from all providers of medical care, as well as, the patients. Sutherland[10] considered the perceptions of selected registered nurses at Fort Sanders Presbyterian Hospital, Knoxville, Tennesee. Following is the assessment of the status of education in the medical care setting through perceptions of selected physicians from the same institution. This particular assessment was only one of many factors considered in the ongoing programmatic development of education in the medical care setting programs.

Assessment Data

A questionnaire was designed, redesigned, piloted and administered to seventeen selected physicians at a Medical Staff Meeting by a hospital vice president. The purposes of the questionnaire were to gather specific information

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related to the physicians' perceptions of education in the medical care setting considering: the need for hospital based patient teaching programs; the physicians' approval for educational activities; printed instructional booklets for education; responsibility for patient teaching; kinds and types of educational programs; patient referral for education; and the feasibility of an educational laboratory.

Following is a presentation of the data gathered from the responding seventeen physicians.

Part 1-A-1 As a physician, I think there is a need for hosptial-based patient teaching programs.

The seventeen physicians answered this question. Sixteen physicians or 94.12% responded yes and one physician or 5.88% wrote in a question mark.

Part 1-A-2 As a physician, I think the attending physician should first approve all patient teaching activities.

All seventeen physicians answered this question. Fifteen physicians or 88.24% indicated yes and one physician or 5.88% responded either no or wrote in a question mark.

Part 1-A-3 As a physician, I think printed instructional booklets are helpful in patient teaching.

All seventeen physicians or 100% indicated yes.

Part 1-B The individual primarily reponsible for patient teaching is: physician, registered nurse,

physician and registered nurse, no one, and other.

The seventeen physicians all answered this question. Ten physicians or 58.82% indicated the physician and the registered nurse, six physicians or 35.29% checked physician and one physician or 5.88% wrote in that it depends upon the specific program.

Part II Please check what kinds and types of patient education programs would you be most interested in seeing developed and implemented for your patients.

The seventeen physicians checked a total of 165 responses. Table 1 presents data related to the number and percentage of responses per program area.

Part III-A Would you consider it feasible to refer which of the following to patient education programs: inpatients only, outpatients only, and both inpatients and outpatients.

All seventeen physicians answered this question. Eight physicians or 47.06% checked inpatients only and nine physicians or 52.94% indicated both inpatients and outpatients.

Part III-B-1 If an educational laboratory for patient education were available, would you refer your patients to it for services?

Fifteen of the physicians or 88.24% indicated yes and one physician or 5.88% answered the question as follows:

depends, or not applicable.

Part III-B-2 <u>If yes, would your referrals be inpatient only, outpatient only, or both inpatient and outpatient?</u>

Fifteen physicians answered this question. Eight physicians or 53.33% indicated inpatient only and seven physicians or 46.67% checked both inpatient and outpatient.

TABLE I

PATIENT EDUCATION ACTIVITIES

Number of Times Checked	Percentage	Program
10	58.82	Obesity
10	58.82	Smoking
8	47.06	Drug Dependency/ Abuse
8	47.06	Nutrition
7	41.18	Diabetes
7	41.18	Exercise
6	35.29	Heart and Circulatory
6	35.29	Stroke
6	35.29	Hypertension
6	35.29	Heart Attack
6	35.29	Respiratory
5	29.41	Alcohol
5	29.41	Ostomy
5	29.41	Death & Dying
5	29.41	Diagnostic Tests
5	29.41	Congestive Heart Failure
5	29.41	Post Operative
4	23.53	Cancer
4	23.53	Pacemaker
4	23.53	Orientation to Hospital
4	23.53	Preoperative
3	17.65	Mastectomy

TABLE I

CONTINUED

Number of Times Checked	Percentage	Program
3	17.65	Kidney
3	17.65	Visual or Hearing
3	17.65	Aging
3	17.65	Arthritis
2	11.76	Communication Skills
2	11.76	Dental
2	11.76	Glandular
2	11.76	Mental Health
2	11.76	Open Heart Surgery
2	11.76	Orthopedics
1	5.88	Child Abuse
1	5.88	Family Planning
1	5.88	Prenatal
1	5.88	Postnatal
1	5.88	Sickle Cell Anemia
1	5.88	Radiological Procedures
0	0	Other Cancers
0	0	Decision-Making Skills
0	0	Self-Concept

Discussion

One assessment procedure designed to determine the physicians' perceptions of education in the medical care setting has been presented. In conducting an institutional assessment, additional information should be gathered from all direct and indirect providers of patient care; i.e., nursing, social services and physical therapy; as well as the patient themselves. Additionally, area and regional mortality and morbidity statistics must be considered as should be services of potential providers for various resources helpful to education in the medical care setting programs.

The input and support generated from physicians for education in the medical care setting programs is most important. Without the cooperation and support of physicians for the development, implementation and evaluation of education in the medical care setting programs, increasing health care costs may continue.

To continue to minimize increasing health care costs, however, physicians and other health care providers must work together in order to assess, conduct and evaluate effective and efficient health education programs in a medical care setting, a part of the process of providing quality patient care.

[1] Task Force on Patient Education for the President's Committee on Health Education, "Concepts of Planned, Hospital Based Patient Education Programs", unpublished materials.

[2] Nursing Clinica of North America, "Symposium on Teaching Patients", 6 C (December, 1971).

[3] D. J. Brickson, "Highlights in the Evolution of Hosptial-Based Patient Education Programs", Journal of Allied Health, 5, (Summer, 1976), p.35.

[4] E. Lee and J. Garvey, "How is Inpatient Education Managed?", Hospitals, 77, (June 1, 1976), p.75.

[5] L. Fugrer and R. Bernstein, "Making Patient Education a part of Patient Care", American Journal of Nursing, 76, (1976), p.1798.

[6] M. F. Fralic, "Developing a Viable Inpatient Education Program - A Nursing Director's Perspective", Journal of Nursing Administration, 76, (September, 1976), p.30.

[7] Ibid

[8] B. Nordberg and L. King, "Third Party Payment for Patient Education", American Journal of Nursing, 76, (August, 1976), p.1269.

[9] Bureau of Health Education, "Focal Points", (November, 1977), p.1.

[10] Mary Sutherland, "Education in the Medical Care Setting: Perceptions of Selected Registered Nurses", Health Education, 11 (1), (January-February, 1980), pp.25-27.

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